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CONFIRMATION NO. 4235

Bib Data Sheet

SERIAL NUMBER 10/648,609	FILING DATE 08/26/2003 RULE	CLASS 430	GROUP ART UNIT 1756	ATTORNEY DOCKET NO. 120801-1
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** CONTINUING DATA *****

as above

** FOREIGN APPLICATIONS *****

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** 11/15/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Substrate and storage media for data prepared therefrom

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 1368		

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